

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 10570)						SERIAL NO. 1216480		FILING DATE	
9-1-1980						APPLICANT			
CLAIMS									
AS FILED		AFTER REMARKS		AFTER REMARKS					
IND.	O.C.P.	IND.	O.C.P.	IND.	O.C.P.	IND.	O.C.P.	IND.	O.C.P.
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7	1	(5)	(5)			67			
8						68			
9						69			
10	1					70			
11	0					71			
12						72			
13						73			
14	1	(3)				74			
15						75			
16	1	1				76			
17	1					77			
18						78			
19						79			
20						80			
21						81			
22						82			
23						83			
24						84			
25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						101			
42						102			
43						103			
44						104			
45						105			
46						106			
47						107			
48						108			
49						109			
50						110			
TOTAL IND.	27	10	6			TOTAL IND.	10		
TOTAL O.C.P.	27	10	6			TOTAL O.C.P.	10		
TOTAL FEE	27	10	6			TOTAL FEE	10		
TOTAL TYPED	27	10	6			TOTAL TYPED	10		